



<http://maa.dshs.wa.gov/pharmacy>

Washington State Department of Social and Health Services

**REQUEST FOR PRIOR AUTHORIZATION  
FOR A NON-PREFERRED DRUG**

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Phone: 866-246-8504 (option 2) or Fax: 866-446-3365



**Please note: You must transmit a claim prior to faxing this form.**

Date of Request:   /   /

Recipient Information		Prescriber Information	
Recipient Name:		Prescriber Name:	
PIC <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Prescriber DEA #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Recipient Date of Birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Prescriber Fax #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Pharmacy Information			
Dispensing Pharmacy Name:		Pharmacy NCPDP/NABP #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Pharmacy Phone #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Pharmacy Fax #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Drug Requested:			Quantity:
Dosage and frequency of dosing:			
Diagnosis:			
Previous therapy (include drug/dose/duration and dates):			
Reason for use of Non-Preferred drug or agent requiring prior approval:			
Possible drug interactions/conflicting drug therapies/contraindications:			